# 2020 W-2 and EARNINGS SUMMARY

Employee	Ref	erence	Сору			
		nd Tax				
Wage and Tax Statement Copy C for employee's records.						
d Control number	Dept.	Corp.	Employer use only			
0000025750 VBL D7	73100	1CAI	A 29143			
c Employer's name, address, and ZIP code COX AUTOMOTIVE CORPORATE SERVICES LLC 6205 PEACHTREE DUNWOODY RD ATLANTA, GA 30328  DBA DEALERTRACK LONG ISLAND						
e/f Employee's name, address, and ZIP code NAGA VAMSHI LAVANGA 2 SUNNYFIELD ROAD HICKSVILLE, NY 11801						
b Employer's FED ID nui 47-1727762	mber	a Emplo	yee's SSA number XXX-XX-4562			
1 Wages, tips, other con 133199	s, tips, other comp. 2 Federal income tax withheld 24511.36					
3 Social security wages 137700	security tax withheld 8537.40					
5 Medicare wages and ti 141685	·	6 Medicare tax withheld 2054.44				
7 Social security tips		8 Allocated tips				
9		10 Depen	dent care benefits			
11 Nonqualified plans		C	tructions for box 12 49.41			
14 Other 196.72 NY-PFL 31.20 NY SDI	-	12b D 12c W   12d DD 13 Stat em	8485.70 1000.00 5403.71 p. Ret. plan 3rd party sick pa			
15 State Employer's stat	e ID no	. 16 State v	vages, tips, etc.			
NY 471727762	9		133199.81			
17 State income tax 8202	<b>Q1</b>	18 Local v	wages, tips, etc.			
19 Local income tax	.91	20 Locality name				
		-				
1 Wages, tips, other con 133199		2 Federa	l income tax withheld 24511.36			

******	FEDERAL (BOX 01)  \$143,429.36		
OTHER EARNINGS	\$1,000.00-	\$1.000.00-	\$1.000.00-
	\$142,429.36		
FLXINS-MEDICAL	\$200.00 \$493.26- \$8,485.70-		\$493.26-
PLUS TAXABLE BENE			
FLXINS-LIFE AD&	\$49.41	\$49.41	\$49.41
REPORTED ON W-2	\$133,199.81	\$137,700.00	\$141,685.51
SOCSEC (BOX 03) W	AGES LIMITED TO MAX:	\$137,700.00	
•	NINGS' ARE TAXABLE EA AXABLE EARNINGS ADDEI		ED IN CHECK YTD,

NAGA VAMSHI LAVANGA 2 SUNNYFIELD ROAD HICKSVILLE, NY 11801

## PAGE 01 OF 01

Wages, tips, other comp. 133199.81

2 Federal income tax withheld 24511.36

8202.9		wages, tips, e	etc.						
19 Local income tax	20 Locali	ty name			¤© 2020	ADP, Inc.			
1 Wages, tips, other comp		al income tax		1	Wages, tip			2 <b>Fe</b>	ederal i
133199.8		24511			133199.8				
3 Social security wages 137700.0		l security tax 85	withheld 37.40				4 Sc	ocial se	
5 Medicare wages and tips 141685.5		6 Medicare tax withheld 2054.44 5 Medicare wages and tips 141685.5			6 <b>M</b> e	edicare			
d Control number De 0000025750 VBL D73	ept. Corp. 100 1CAI	Employer A	use only 29143	d 00	Control nu 00025750 V		Dept. <b>D73100</b>	Co 1CA	
c Employer's name, addre	ess. and ZIP co	de		С	Employer'	s name. a	⊥ address. a	nd ZIP	code
COX AUTOMOTIV SERVICES LLC 6205 PEACHTREE ATLANTA, GA 3	DUNWOO	DY RD	ND		COX AU SERVIC 6205 PE ATLANT	ES LL	.C REE DU	JNW( 8	OOD
b Employer's FED ID numl 47-1727762	ber a Emplo	yee's SSA no	umber -4562	b	Employer'	s FED ID -17277		a En	nploye
7 Social security tips	8 Alloca	ited tips		7	Social sec	urity tips	5	8 AI	locate
9	10 Depei	ndent care be	nefits	9				10 De	epende
11 Nonqualified plans	12a See i	nstructions fo	or box 12 49.41	11	Nonqualif	ied plans	i	12a	 С ।
14 Other 196.72 NY-PFL 31.20 NY SDI	<sup>12b</sup> D	84	485.70	14	Other 19	96.72 NY-	PFL SDI	<sup>12b</sup> [	
	12c W		00.00					12c \	
	<sup>12d</sup> DD		403.71					12d [	
	13 Stat em	p. Ret. plan 3rd p	party sick pay					13 Sta	it emp. F
e/f Employee's name, addre	ss and ZIP cod	le		e/f	Employee	's name,	address a	nd ZIP	code
NAGA VAMSHI LA 2 SUNNYFIELD R HICKSVILLE, NY					NAGA V 2 SUNN HICKSV	IYFIEL	D ROAL		<b>L</b>
15 <b>State Employer's state 471727762</b> 9			etc. 99.81	15	State Emp	oloyer's s 1727762		. 16 <b>St</b>	ate wa
17 State income tax 8202.9		wages, tips,	etc.	17	State inco		02.91	18 <b>Lc</b>	ocal wa
19 Local income tax	20 Locali	ty name		19	Local inco	me tax		20 <b>L</b> c	ocality
Federal Fil	ing Copy				N	Y. Sta	ite Filir	ıg	Сору
Wage	and Tax	204	20		A / O	١	Wage a	and	Tax
VV = /	tomont	` <b>2</b> 02	ZU I	1	N-2		Statom		

Statement

Copy B to be filed with employee's Federal Income

3	3 Social security wages 137700.00		4 Social security tax withheld 8537.40				
5	Medicare wages an 1416	d tips 85.51	6 Medicare tax withheld 2054.44				
d	Control number	Dept.	Corp.	Emplo	yer use only		
00	00025750 VBL	D73100	1CAI	Α	29143		
С	c Employer's name, address, and ZIP code						
	COX AUTOMOTIVE CORPORATE SERVICES LLC 6205 PEACHTREE DUNWOODY RD ATLANTA, GA 30328						
DBA DEALERTRACK LONG ISLAND							
b	Employer's FED ID 47-17277	number 62	a Employee's SSA number XXX-XX-4562				
7	Social security tips		8 Allocated tips				
9			10 Depen	dent car	e benefits		
11	Nonqualified plans		12a		40.44		
44	Other 196.72 NY-F	DEI	12b D +		49.41 8485.70		
14	31.20 NYS		12c W				
			1		1000.00		
			<sup>12d</sup> DD		5403.71		
			13 Stat emp	Ret. plan	3rd party sick pay		
e/f	Employee's name, a	address ar	nd ZIP cod	е			
NAGA VAMSHI LAVANGA 2 SUNNYFIELD ROAD HICKSVILLE, NY 11801							
15	State Employer's s NY 471727762	tate ID no. 9	16 State v		ps, etc. 33199.81		
17	State income tax	02.91	18 Local	wages, ti	ps, etc.		
19	Local income tax		20 Locality name				

Statement

Copy 2 to be filed with employee's State Income Tax

Social security wages 137700.00		4 Social security tax withheld 8537.40					
5 Medicare wages and ti 141685.	ps .51	6 Medicare tax withheld 2054.44					
d Control number [	Dept.	Corp.	Employe	er use only			
0000025750 VBL D7	3100	1CAI	Α	29143			
c Employer's name, address, and ZIP code							
COX AUTOMOTIVE CORPORATE SERVICES LLC 6205 PEACHTREE DUNWOODY RD ATLANTA, GA 30328  DBA DEALERTRACK LONG ISLAND							
b Employer's FED ID nu 47-1727762	mber	a Employee's SSA number					
7 Social security tips		8 Allocated tips					
9		10 Deper	dent care	benefits			
11 Nonqualified plans	**********	12a		40.44			
110 70 100 70		12h -		49.41			
14 Other 196.72 NY-PFL 31.20 NY SDI	-	<sup>12b</sup> D		8485.70			
		12c W		1000.00			
		12d DD		5403.71			
		13 Stat em	p. Ret. plan (	3rd party sick pay			
e/f Employee's name, address and ZIP code							
NAGA VAMSHI LAVANGA 2 SUNNYFIELD ROAD HICKSVILLE, NY 11801							

15 State NY Employer's state ID no. 16 State wages, tips, etc. 471727762 9 133199.81

Wage and Tax

Statement

8202.91

City or Local

18 Local wages, tips, etc.

Copy

20 Locality name

Filing

17 State income tax

19 Local income tax

Social Security Number: XXX-XX-4562

2 Federal income tax withheld

24511.36

#### Instructions for Employee

Box 1. Enter this amount on the wages line of your tax return. Box 2. Enter this amount on the federal income tax withheld line of your tax return.

Box 5. You may be required to report this amount on Form 8959, Additional Medicare Tax. See the Instructions for Forms 1040 and 1040-SR to determine if you are required to complete Form 8959.

Box 6. This amount includes the 1.45% Medicare Tax withheld on all Medicare wages and tips shown in box 5, as well as the 0.9% Additional Medicare Tax on any of those Medicare wages and tips above \$200,000.

Box 8. This amount is not included in box 1, 3, 5, or 7. For information on how to report tips on your tax return, see the Instructions for Forms 1040 and 1040-SR.

You must file Form 4137, Social Security and Medicare Tax on Unreported Tip Income, with your income tax return to report at least the allocated tip amount unless you can prove with adequate records that you received a smaller amount. If you have records that show the actual amount of tips you received, report that amount even if it is more or less than the allocated tips. Use Form 4137 to figure the social security and Medicare tax owed on tips you didn't report to your employer. Enter this amount on the wages line of your tax return. By filing Form 4137, your social security tips will be credited to your social security record (used to figure your benefits).

Box 10. This amount includes the total dependent care benefits that your employer paid to you or incurred on your behalf (including amounts from a section 125 (cafeteria) plan). Any amount over \$5,000 is also included in box 1. Complete Form 2441, Child and Dependent Care Expenses, to compute any taxable and nontaxable

Box 11. This amount is (a) reported in box 1 if it is a distribution made to you from a nonqualified deferred compensation or nongovernmental section 457(b) plan, or (b) included in box 3 and/or 5 if it is a prior year deferral under a nonqualified or section 457(b) plan that became taxable for social security and Medicare taxes this year because there is no longer a substantial risk of forfeiture of your right to the deferred amount. This box shouldn't be used if you had a deferral and a distribution in the same calendar year. If you made a deferral and received a distribution in the same calendar year, and you are or will be age 62 by the end of the calendar year, your employer should file Form SSA-131, Employer Report of Special Wage Payments, with the Social Security Administration and give

Box 12. The following list explains the codes shown in box 12. You may need this information to complete your tax return. Elective deferrals (codes D, E, F, and S) and designated Roth contributions (codes AA, BB, and EE) under all plans are generally limited to a total of \$19,500 (\$13,500 if you only have SIMPLE plans; \$22,500 for section 403(b) plans if you qualify for the 15-year rule explained in Pub. 571). Deferrals under code G are limited to \$19,500. Deferrals under code H are limited to \$7,000.

However, if you were at least age 50 in 2020, your employer may have allowed an additional deferral of up to \$6,500 (\$3,000 for section 401(k)(11) and 408(p) SIMPLE plans). This additional deferral amount is not subject to the overall limit on elective deferrals. For code G, the limit on elective deferrals may be higher for the last 3 years before you reach retirement age. Contact your plan administrator for more information. Amounts in excess of the overall elective deferral limit must be included in income. See the Instructions for Forms 1040 and 1040-SR.

Note: If a year follows code D through H, S, Y, AA, BB, or EE, you made a make-up pension contribution for a prior year(s) when you were in military service. To figure whether you made excess deferrals, consider these amounts for the year shown, not the current year. If no year is shown, the contributions are for the current year

A-Uncollected social security or RRTA tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR. B-Uncollected Medicare tax on tips. Include this tax on Form 1040 or 1040-SR. See the Instructions for Forms 1040 and 1040-SR

C—Taxable cost of group-term life insurance over \$50,000 (included in boxes 1, 3 (up to social security wage base), and 5)

**D**—Elective deferrals to a section 401(k) cash or deferred arrangement. Also includes deferrals under a SIMPLE retirement account that is part of a section 401(k) arrangement.

E-Elective deferrals under a section 403(b) salary reduction agreement F-Elective deferrals under a section 408(k)(6) salary reduction SEP

**G**—Elective deferrals and employer contributions (including nonelective deferrals) to a section 457(b) deferred compensation plan

**H**—Elective deferrals to a section 501(c)(18)(D) tax-exempt organization plan. See the Instructions for Forms 1040 and 1040-SR for how to deduct.

J-Nontaxable sick pay (information only, not included in box 1, 3, or 5) K-20% excise tax on excess golden parachute payments. See the Instructions for Forms 1040 and 1040-SR.

L-Substantiated employee business expense reimbursements (nontaxable)

M-Uncollected social security or RRTA tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

N-Uncollected Medicare tax on taxable cost of group-term life insurance over \$50,000 (former employees only). See the Instructions for Forms 1040 and 1040-SR.

P-Excludable moving expense reimbursements paid directly to a member of the U.S. Armed Forces (not included in box 1, 3, or 5)

Q-Nontaxable combat pay. See the Instructions for Forms 1040 and 1040-SR for details on reporting this amount.

R—Employer contributions to your Archer MSA. Report on Form 8853, Archer MSAs and Long-Term Care Insurance Contracts.

S—Employee salary reduction contributions under a section 408(p)

SIMPLE plan (not included in box 1)

T-Adoption benefits (not included in box 1). Complete Form 8839, Qualified Adoption Expenses, to compute any taxable and nontaxable amounts

V-Income from exercise of nonstatutory stock option(s) (included in boxes 1, 3 (up to social security wage base), and 5). See Pub. 525 Taxable and Nontaxable Income, for reporting requirements.

W-Employer contributions (including amounts the employee elected to contribute using a section 125 (cafeteria) plan) to your health savings account. Report on Form 8889, Health Savings Accounts (HSAs).

Y-Deferrals under a section 409A nonqualified deferred compensation plan Z-Income under a nonqualified deferred compensation plan that fails to satisfy section 409A. This amount is also included in box 1. It is subject to an additional 20% tax plus interest. See the Instructions for Forms 1040 and 1040-SR.

AA-Designated Roth contributions under a section 401(k) plan

BB-Designated Roth contributions under a section 403(b) plan DD—Cost of employer-sponsored health coverage. The amount reported with code DD is not taxable.

**EE**—Designated Roth contributions under a governmental section 457(b) plan. This amount does not apply to contributions under a tax-exempt organization section 457(b) plan.

FF-Permitted benefits under a qualified small employer health reimbursement arrangement

GG-Income from qualified equity grants under section 83(i)

HH-Aggregate deferrals under section 83(i) elections as of the close of the calendar year

Box 13. If the "Retirement plan" box is checked, special limits may apply to the amount of traditional IRA contributions you may deduct. See Pub. 590-A, Contributions to Individual Retirement Arrangements (IRAs).

**Box 14.** Employers may use this box to report information such as state disability insurance taxes withheld, union dues, uniform payments, health insurance premiums deducted, nontaxable income, educational assistance payments, or a member of the clergy's parsonage allowance and utilities. Railroad employers use this box to report railroad retirement (RRTA) compensation, Tier 1 tax, Tier 2 tax, Medicare tax, and Additional Medicare Tax. Include tips reported by the employee to the employer in railroad retirement (RRTA) compensation.

Note: Keep Copy C of Form W-2 for at least 3 years after the due date for filling your income tax return. However, to help **protect your social security benefits**, keep Copy C until you begin receiving social security benefits, just in case there is a question about your work record and/or earnings in a particular year.

Department of the Treasury - Internal Revenue Service

### NOTE: THESE ARE SUBSTITUTE WAGE AND TAX STATEMENTS AND ARE ACCEPTABLE FOR FILING WITH YOUR FEDERAL, STATE AND LOCAL/CITY INCOME TAX RETURNS.

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

#### IMPORTANT NOTE:

In order to insure efficient processing, attach this W-2 to your tax return like this (following agency instructions):



#### **Notice to Employee**

Do you have to file? Refer to the Instructions for Forms 1040 and 1040-SR to determine if you are required to file a tax return. Even if you don't have to file a tax return, you may be eligible for a refund if box 2 shows an amount or if you are eligible for any credit.

Earned income credit (EIC). You may be able to take the EIC for 2020 if your adjusted gross income (AGI) is less than a certain amount. The amount of the credit is based on income and family size. Workers without children could qualify for a smaller credit. You and any qualifying children must have valid social security numbers (SSNs). You can't take the EIC if your investment income is more than the specified amount for 2020 or if income is earned for services provided while you were an inmate at a penal institution. For 2020 income limits and more information, visit www.irs.gov/EITC. See also Pub. 596, Earned Income Credit. Any EIC that is more than your tax liability is refunded to you, but only if you file a tax return.

Clergy and religious workers. If you aren't subject to social security and Medicare taxes, see Pub. 517, Social Security and Other Information for Members of the Clergy and Religious Workers.

Corrections. If your name, SSN, or address is incorrect, correct Copies B, C, and 2 and ask your employer to correct your employment record. Be sure to ask the employer to file Form W-2c, Corrected Wage and Tax Statement, with the Social Security Administration (SSA) to correct any name, SSN, or money amount error reported to the SSA on Form

W-2. Be sure to get your copies of Form W-2c from your employer for all corrections made so you may file them with your tax return. If your name and SSN are correct but aren't the same as shown on your social security card, you should ask for a new card that displays your correct name at any SSA office or by calling 800-772-1213. You may also visit the SSA website at www.SSA.gov.

Cost of employer-sponsored health coverage (if such cost is provided by the employer). The reporting in box 12, using code DD, of the cost of employer-sponsored health coverage is for your information only. The amount reported with code DD is not taxable.

Credit for excess taxes. If you had more than one employer in 2020 and more than \$8,537.40 in social security and/or Tier 1 railroad retirement (RRTA) taxes were withheld, you may be able to claim a credit for the excess against your federal income tax. If you had more than one railroad employer and more than \$5,012.70 in Tier 2 RRTA tax was withheld, you may also be able to claim a credit. See the Instructions for Forms 1040 and 1040-SR and Pub. 505, Tax Withholding and Estimated